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For information

Report of the Executive Director: progress and achievements against the medium-term plan

Summary

This is the first annual report of the Executive Director on progress in achieving the organizational priorities of the UNICEF medium-term plan (MTP) for 1998–2001 (E/ICEF/1998/13 and Corr.1) as requested by the Executive Board at its January 1999 session (E/ICEF/1999/7 (Part I), decision 1999/7). Approved by the Executive Board at its September 1998 session (E/ICEF/1998/6/Rev.1, decision 1998/22), the MTP identified corresponding major areas of action and strategies, while placing special emphasis on achievement of the goals of the World Summit for Children and implementation of the Convention on the Rights of the Child. Thus, the present report covers actions and developments that took place in 1998, taking into account the requirements specified in relevant Board decisions.

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Contents

		Paragraphs	Page
	Abbreviations		3
I.	Introduction	1–4	4
II.	The global context	5–12	4
III.	Progress in implementation of organizational priorities	13–122	5
	A. Enhancing partnerships and promoting advocacy on children's rights	14–38	5
	B. Programme priorities	39–96	9
	C. Improving the availability and use of data in critical areas	97–105	19
	D. Strengthening management and operations	106–122	20
IV.	Income and expenditure	123–140	22
	A. Resource mobilization	123–126	22
	B. Income	127–133	23
	C. Expenditure	134	23
	D. Programme expenditure	135–140	24
V.	Towards an effective performance management system	141–153	25
VI.	Conclusion	154–155	27
List of tables			
1.	Total UNICEF income by source of funding (general resources and supplementary funds)		23
2.	UNICEF by type of funding		23
3.	Expenditure by type of input		24
List of figures			
I.	UNICEF programme expenditure by programme field, 1998		28
II.	UNICEF programme expenditure by region, 1998		28
Annexes			
I.	Programme expenditure in 1998 for countries classified according to gross national product and under-five mortality rates		29
II.	UNICEF response to reports of the Joint Inspection Unit		30

Abbreviations

AIDS	acquired immune deficiency syndrome
ARI	acute respiratory infections
AsDB	Asian Development Bank
CCA	Common Country Assessment
CDD	control of diarrhoeal diseases
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CPMPs	country programme management plans
DAC	Development Assistance Committee
ECC	early childhood care
EFA	Education for All
EPI	expanded programme on immunization
FGM	female genital mutilation
FLS	Financial and Logistics System
GNP	gross national product
HIPCs	heavily-indebted poor countries
HIV	human immunodeficiency virus
IDD	iodine deficiency disorders
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMIS	Integrated Management Information Systems
LDCs	least developed countries
MEP	Management Excellence Programme
MICS	multiple indicator cluster survey
MTP	medium-term plan
MTRs	mid-term reviews
NGOs	non-governmental organizations
NIDs	National Immunization Days
OECD	Organisation for Economic Cooperation and Development
OMPs	office management plans
ORS	oral rehydration salts
ORT	oral rehydration therapy
PROMS	Programme Manager System
PSD	Private Sector Division
RMTs	regional management teams
SAP	Systems, Applications and Products
U5MR	under-five mortality rate
UNAIDS	Joint and Co-sponsored United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
WHO	World Health Organization

I. Introduction

1. This is the first annual report of the Executive Director on progress in achieving the organizational priorities of the 1998–2001 medium-term plan (MTP) (E/ICEF/1998/13 and Corr.1). In decision 1998/22 (E/ICEF/1998/6/Rev.1), the Executive Board approved the priorities set forth in the plan, with special emphasis on achievement of the goals of the World Summit for Children and implementation of the Convention on the Rights of the Child; it also expressed support for the rights-based approach reflected in the plan. In its decision 1999/8 on the resource mobilization strategy (E/ICEF/1999/7 (Part I)), the Executive Board welcomed the UNICEF MTP "as a core element in the resource mobilization strategy and as a flexible, evolving, multi-year strategic framework that integrates a vision for children for the next century, and lays down the organizational priorities and major areas of action of UNICEF and the financial framework".

2. The MTP provides a broad context for corporate action and allows for incremental adjustments at all locations, while safeguarding the centrality and uniqueness of the country programming process. The organizational priorities and major areas of action identified in the MTP are being taken into consideration and incorporated, as relevant, into the various contexts of UNICEF work at headquarters divisions and regional offices through their office management plans (OMPs), and at the country level through the country programmes of cooperation and country programme management plans (CPMPs).

3. The MTP fosters an integrated approach to planning, budget, programmes and reporting on outcomes. Under the principle of "the plan guides the budget", the allocation of resources is carried out according to the priorities set forth in the MTP. Thus, the MTP has guided the recent review of implementation of headquarters OMPs for 1998 and was a key reference for preparation of the OMPs for the next biennium, as well as for the biennium budget currently being formulated for 2000–2001.

4. The Executive Board requested that, starting in 2000, an analytical annual report be prepared that will facilitate monitoring of progress in achieving the organizational priorities of the MTP (decision 1999/7). A serious attempt has been made to respond to that request in the present report, which reflects the major achievements made by the organization in 1998. Feedback and guidance from the Executive Board on the present report will help to refine the content of next year's annual report.

II. The global context

5. Last year's commemorations of the fiftieth anniversary of the Universal Declaration of Human Rights highlighted the progress made in promoting and safeguarding human rights around the world. The anniversary also served as an opportunity to underscore areas requiring further action, including international cooperation and solidarity, to ensure effective implementation of universally-accepted standards and enhance efforts towards mainstreaming human rights in United Nations activities — from the Peace and Security Agenda to development cooperation, including within the context of the United Nations Development Assistance Framework (UNDAF) process.

6. The anniversary of the Universal Declaration was marked by the adoption of new and important instruments, including the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally-recognized Human Rights and Fundamental Freedoms; the Statute of the International Criminal Court, reflecting an emblematic commitment to fight impunity when serious violations of human rights and humanitarian laws standards occur, including against children and women; and the Ottawa Convention banning anti-personnel landmines. Moreover, there was greater awareness of the plight of child soldiers, thus leading to enhanced efforts to impose a clear ban on the recruitment or use of children under the age of 18 years in hostilities.

7. A major trend identified in the MTP — increasing poverty and growing inequalities — gained greater visibility in 1998. Thirty-six countries, accounting for more than one quarter of the population of the developing world, experienced negative growth in 1998. These and many other countries experienced macroeconomic shocks, leading to increased human deprivation, sharper inequalities and, in some cases, violence and instability which challenged the integrity of the social fabric. The poorest countries and people were hit hardest by the negative aspects of globalization. Heavily-indebted poor countries (HIPCs) were hit by a decline in global demand for primary commodities that lowered prices and worsened their debt indicators and overall prospects for growth and human development. All of this had a negative impact on children.

8. The absence of comprehensive monitoring systems for assessing social changes over the short term makes it difficult to get a detailed picture of the social impact of the crisis. But where reliable data are available, the picture emerging is a dramatic one. In Indonesia, for instance, an economic decline of 15 per cent in 1998 led to a tripling of

formal sector unemployment. The rate of poverty among the population increased from 11 per cent in 1997 to 40 per cent in 1998. An estimated 1.6 million children dropped out of school. The number of girls entering secondary school in Jakarta fell by 19 per cent. Increases in child labour and child prostitution were also reported.

9. Official development assistance, which has declined more than one fifth since 1992, reached an all-time alarming low of 0.22 per cent of the combined gross national product (GNP) of developed countries in 1997 (1998 figures are not yet available). The 1998 *Development Cooperation Report* of the Organisation for Economic Development and Cooperation (OECD) shows a steeper decline in overall aid to the poorest countries than to the rest of the developing world. Average annual assistance of $3.1 billion for 1995–1996 remains substantially below the $10 billion that UNICEF estimates are required to help Governments achieve universal access to basic social services. In 1997, the net transfer of financial resources to developing countries was negative for the first time in the 1990s. It fell from a record high of +$63 billion in 1993 to -$27 billion in 1997. The main reason was the sharp increase in the net outflows from certain East Asian economies.

10. While the financial crisis was unfolding and spreading, the number and, in some places, intensity of humanitarian crises continued to increase. In Afghanistan, Angola, Burundi, the Congo, the Democratic Republic of the Congo, the Democratic People's Republic of Korea, Eritrea, Ethiopia, Kosovo Province of the Federal Republic of Yugoslavia, Guinea-Bissau, Iraq, Rwanda, Sierra Leone and the Sudan — the main emergency scenarios of last year — crises of different kinds wrought havoc on the lives of millions of children and women. Central America suffered its worst natural disaster in over 50 years when Hurricane Mitch brought massive death and destruction to El Salvador, Guatemala, Honduras and Nicaragua. The earthquake that hit parts of Colombia and the floods in Bangladesh, China and in the Horn of Africa also had a severe human and economic impact, affecting areas inhabited largely by poor populations. Given the fact that emergencies have become virtually a permanent feature of life in many of the countries in which UNICEF cooperates, the organization held a meeting in Martigny, Switzerland, and decided to embark on a preparedness process that will equip offices with the capacity to respond more quickly and efficiently to change and to continue to achieve results for children under a wide variety of especially difficult conditions.

11. The HIV/AIDS epidemic continued largely unchecked in the developing world. In 1998, nearly 3 million people died of AIDS, the most in a single year; and the number of HIV-infected people worldwide increased nearly 10 per cent in just one year. More than 95 per cent of all HIV-infected people live in developing countries — 70 per cent of them in sub-Saharan Africa. Those and other developing countries have already sustained 95 per cent of all AIDS deaths since the start of the pandemic some two decades ago. Women and girls now account for 43 per cent of the estimated 33 million people worldwide living with HIV/AIDS. The epidemic is well on its way to wiping out the substantial reductions in child mortality that were achieved in the 1980s and the first part of this decade, and the disease seems certain to produce millions of new orphans by early in the next century. In several sub-Saharan countries, more than 5 per cent of all children under 15 years old have already lost their mother or both parents to AIDS. In the face of this dramatic reality, UNICEF has strengthened its alliances, advocacy and programmatic actions, with an emphasis on empowering youth to prevent the spread of the disease.

12. As the rest of this report will show, the worsening scenarios provoked by natural disasters, armed conflicts and economic crises in 1998 have made it necessary for UNICEF to respond flexibly and rapidly to new conditions.

III. Progress in implementation of organizational priorities

13. As set forth in the 1998–2001 MTP, UNICEF is pursuing four main organizational priorities, devoting major efforts and resources to each. Implementation in each area is illustrated in the sections below.

A. Enhancing partnerships and promoting advocacy on children's rights

14. UNICEF continues to be committed to building a "child-friendly" world. Recognizing children's unique potential, it advocates for an environment that is supportive of their survival and harmonious development, promoting opportunities for learning, gaining self-esteem and participating in decision-making processes. UNICEF fully recognizes the importance of joining forces with others — Governments, United Nations agencies, international and local non-governmental organizations (NGOs), the corporate sector and mass media, among others.

15. In 1998, UNICEF global advocacy and alliance-building efforts focused on the promotion of the rights of the

child, with due consideration to the opportunities and challenges presented by the changing global context.

Promotion of children's rights

16. UNICEF participated in activities organized to commemorate the fiftieth anniversary of the Universal Declaration on Human Rights, and the five-year review process of the Vienna Conference on Human Rights and reaffirmed its commitment to the promotion of human rights and to the operationalization of children's rights in its activities. As a result, the Agreed Conclusions 1998/2, as contained in the "Report of the Economic and Social Council for the year 1998" (A/53/3), acknowledged the importance of United Nations action in promoting and protecting the rights of the child and expressed support for the rights-based approach adopted by UNICEF. The General Assembly, in its resolution 53/128 of 9 December 1998, welcomed UNICEF contributions to the cause of children's rights.

17. As co-chair of the United Nations Development Group (UNDG) Ad Hoc Group on the Right to Development, UNICEF promoted the inclusion of human rights dimensions, including the right to development, in the UNDAF guidelines and in the Common Country Assessment (CCA) indicators list, and participated in the development of the "Guidance to Resident Coordinators on Human Rights Communications". These instruments have been shared with all UNICEF offices and guide their action in the context of the United Nations reform process.

18. With a view to ensuring the wide dissemination of the Convention on the Rights of the Child and creating greater awareness of its reporting process, UNICEF, in collaboration with the High Commissioner on Human Rights and the Committee on the Rights of the Child, issued the *Implementation Handbook for the Convention on the Rights of the Child*. This article-by-article analysis of the Convention, as interpreted by the Committee during its first six years of work, has been shared with the Executive Board, heads of United Nations organizations and all UNICEF offices, as well as with leading children's rights organizations and experts. The UNICEF resource guide on the Convention on the Rights of the Child reporting process and the *Implementation Handbook* are used regularly by UNICEF country offices. The Commission on Human Rights welcomed the publication of the *Implementation Handbook*, stressing that it constituted an important advocacy tool to promote wider understanding of the principles and provisions of the Convention. Cooperation between UNICEF and the Committee on the Rights of the Child has been singled out for recognition. The report of the High Commissioner for Human Rights to the Economic and Social Council (E/1998/60) recommended that this cooperation be considered as "an example that might be followed by other components of the United Nations system and human rights treaty bodies in their mutual contacts".

19. UNICEF continued to support Governments in the implementation and reporting process of the Convention on the Rights of the Child. Consultations and capacity-building sessions on the Convention were organized in the following regions: Central and Eastern Europe, the Commonwealth of Independent States (CIS) and Baltic States; the Middle East and North Africa; East Asia and the Pacific; and West and Central Africa. This support ranged from assisting in the organization of consultations prior to the preparation of State parties' reports, to follow-up to the Concluding Observations of the Committee on the Rights of the Child. These sessions have often led to an overall assessment of the situation of children in the country to identify major areas of concern and promote the development of a national agenda for children's rights, including law reform and policy action. They have further contributed to consideration of the Concluding Observations of the Committee in the context of the UNICEF programming process.

20. UNICEF organized the first regional meeting of the Coordinating Bodies on the Convention in the East Asia and Pacific region, during which the experience of 15 countries was reviewed and recommendations were made on ways to enhance effectiveness in the implementation of the Convention and in the achievement of the goals of the World Summit for Children. The Fourth Ministerial Conference on the follow-up to the World Summit for Children, held in November 1998 in Bangkok, acknowledged that the strong commitment in the region to the principles of the Convention on the Rights of the Child had resulted in the setting up of effective mechanisms for monitoring and reporting on implementation of child rights. UNICEF supported the Sana'a Declaration of the League of Arab States and the Lima Accord of the Latin American and Caribbean countries that committed these Governments to accelerating progress towards the goals of the World Summit.

21. In West and Central Africa, support continued to be provided to Governments to establish and maintain national monitoring mechanisms on implementation of the Convention, often with representatives of government ministries and the participation of NGOs, professional and religious organizations, and UNICEF. Twenty-two national commissions have been established, with six of them setting up monitoring mechanisms at the local level.

22. In the Americas and Caribbean, progress continued to be made on bringing national legislation — and often, constitutions — into line with the principles of the Convention. Venezuela joined 16 other countries in the region that have passed significant child rights legislation since 1990, and Panama and Uruguay engaged in law reform initiatives, including in the field of juvenile justice. UNICEF combined advocacy and alliance-building for legal reform with technical assistance and capacity-building in supporting these efforts.

23. UNICEF continued to advocate for the rights of the child to participate — in the family, school and wider society. In 1998, based on a literature review of experiences, UNICEF prepared a draft conceptual framework, and continued to learn from and promote diverse forms of participation. It is also developing monitoring and evaluation tools to ensure that activities such as children's elections, polls, parliaments, school and community councils meet the standards of the Convention.

Promotion of children's rights in a world with AIDS

24. HIV/AIDS was a major advocacy issue in 1998. Working within the framework of the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS), as well as through its programmes of cooperation, UNICEF encouraged Governments to launch massive prevention campaigns aimed at those most vulnerable to HIV — the poor, the powerless and the voiceless, especially children and young people. The organization's position was that the spread of HIV/AIDS was a growing medical and social emergency which challenged the rights of young people and children. Children need to be empowered to become a force for change. UNICEF used its participation in international meetings, including the World Conference of Ministers Responsible for Youth and the Committee on the Rights of the Child thematic discussion "Children living in a world with AIDS", as opportunities to promote alliances for HIV/AIDS prevention and create awareness on the dramatic impact of the pandemic, including the steep rise in the numbers of orphans and child-headed households.

Protection of children against child labour

25. The elimination of child labour — which prevents the enjoyment of human rights by more than 250 million children — has been another major advocacy and alliance-building focus for the organization. UNICEF worked closely with the International Labour Organization (ILO) on the drafting of a new Convention to outlaw the worst forms of child labour. As a follow-up to the 1997 Oslo Conference on Child Labour, UNICEF also participated in the meeting called by the Government of Norway to explore ways for donors and international agencies to better cooperate towards implementation of the recommendations of the Conference. UNICEF has been facilitating a tripartite dialogue with ILO and the World Bank on globalization trends and child labour, with an initial focus on the impact of home-based women's work on children's work, participation and education.

Promotion of child-friendly economic and social policies

26. UNICEF continued to advocate for child-friendly public policies, approaches to development, international financial relations and foreign aid, as well as to provide required technical assistance at national and local levels.

27. In 1998, UNICEF, the United Nations lead agency for the 20/20 Initiative, worked with its partners to breathe new life into the effort to achieve universal access to basic social services and ensure adequate funding by developing countries and donor Governments for the realization of the economic, social and cultural rights of children. Case studies were carried out in 30 countries, providing updated data and new evidence in support of the measures advocated in the 20/20 Initiative. An updated version of the advocacy booklet, "Implementing the 20/20 Initiative", originally prepared for the World Summit for Social Development in Copenhagen, was issued and widely distributed. UNICEF provided technical and logistics support to the organizers of the Hanoi meeting in October. The Hanoi Consensus on the 20/20 Initiative reflects the renewed commitment of Governments to increase budget and aid allocations to basic social services, including through debt relief, and to enhance the efficiency and equity in their utilization.

28. UNICEF played an active role within the UNDG Task Force on Globalization in developing a framework to be used by the United Nations system at the country level to assess the social impact of the global financial crisis. UNICEF joined forces with the World Bank and other partners to monitor the impact of the crisis in Asia on local communities and families, and to help guide government policies and responses by the international system. In Indonesia and Thailand, UNICEF supported a survey of 100 villages which provided relevant community-based information on the social impact of the crisis, focusing on how effective interventions can reach the most vulnerable.

29. UNICEF strongly advocated for more extensive and faster relief of the debt burden to allow countries to channel scarce resources to the promotion of human development. In this context, the organization welcomed initiatives designed to bring an end to the debt crisis and began work jointly with OXFAM on the review of the HIPC Initiative by the World Bank and the International Monetary Fund.

Promotion of a peace and security agenda for children

30. Children's rights are massively — yet often invisibly — violated in situations of armed conflict. In the spirit of its Anti-War Agenda, and as follow-up to the Graça Machel study, UNICEF continued to promote its Peace and Security Agenda for Children, which guided its advocacy during 1998. With humanitarian activities in 55 countries — up from 15 only four years ago — the organization worked to increase protection and ease the suffering of children as well as to present their plight as an urgent ethical and political issue. In that context, UNICEF participated in initiatives promoted by the United Nations Security Council to assess humanitarian and human rights concerns, including discussions on the Secretary-General's report on Africa, children in conflict situations, post-conflict peace-building, humanitarian activities and the protection of civilians. UNICEF provided information to the Security Council and worked closely with the United Nations Departments of Political Affairs and of Peacekeeping Operations in following up the Security Council's recommendations. UNICEF argued the case for improving standards for child protection and strengthening humanitarian assistance, and called for seven major actions: (a) to end the use of children as soldiers; (b) to ensure the protection of humanitarian assistance and personnel; (c) to support humanitarian mine action; (d) to protect children from the effects of sanctions; (e) to ensure that peace-building activities specifically include children; (f) to combat the impunity of war crimes, especially against children; and (g) to promote early warning and preventive action for children. Visits by the Executive Director to Afghanistan, Sierra Leone and the Sudan were used to promote the UNICEF Peace and Security Agenda for Children, and generated wide media coverage on the plight of children and women caught in emergency situations.

31. Guided by this Agenda, UNICEF participated in the drafting of the Statute of the International Criminal Court, helping to reflect children's rights in its provisions. Similarly, UNICEF continued to be intensely involved in the drafting of an Optional Protocol to the Convention on the Rights of the Child to raise to 18 years the minimum age for children's recruitment into armed forces or participation in hostilities. UNICEF also supported the global campaign of the NGO Coalition to Stop the Use of Child Soldiers to speed approval of the Optional Protocol.

32. UNICEF continued to promote a multifaceted campaign aimed at halting the abduction of children as a weapon of war. It engaged in actions designed to obtain the release of abducted children from northern Uganda and to support the psychological recovery and social reintegration of the returning children. In this context, rehabilitation centres are now being operated for these children. Advocacy activities on this issue were undertaken nationally and internationally with a broad range of partners, including the Office of the United Nations High Commissioner for Refugees (UNHCR), the Committee on the Rights of the Child, and the Commission on Human Rights. As a result, the Committee on the Rights of the Child (in CRC/C/15/Add.80), the Human Rights Commission (in resolution 1998/75) and the General Assembly (in resolution 53/128) all addressed the plight of these children.

33. UNICEF continued its longstanding advocacy in favour of a global ban on the use, production, distribution and stockpiling of anti-personnel landmines, and became intensely engaged in the ratification campaign of the Ottawa Convention, which entered into force in March 1999. Advocacy for ratification at both global and national levels was accompanied by support for child-sensitive mine clearance and mine-awareness and rehabilitation programmes in countries affected by armed conflict. UNICEF also supported advocacy initiatives related to the impact on children of small arms and light weapons, including participation in the inter-agency Coordinating Action on Small Arms, and in the United Nations Inter-Agency Standing Committee reference group on small arms and light weapons.

34. Priority has also been given to cooperation with the Special Representative of the Secretary-General for Children and Armed Conflict. In its advocacy role and operational mandate, UNICEF ensured financial support for the establishment of the Special Representative's office, is a member of his informal advisory group, provided ongoing information and logistical support for his country visits, and promoted follow-up to the specific recommendations and agreements resulting from these missions. This was the case, for instance, in relation to Kosovo Province of the Federal Republic of Yugoslavia, Liberia, Sierra Leone, Sri Lanka and the Sudan.

35. UNICEF worked to implement its Peace and Security Agenda for Children at the country level as well. In Sri Lanka, UNICEF launched a "Children: Zones of Peace" initiative, helped to negotiate the observance of "Days of

Tranquillity" for the fourth consecutive year to facilitate National Immunization Days (NIDs), promoted assistance for internally displaced families, and developed a landmine-awareness programme. UNICEF also assisted in the recovery and social reintegration of children affected by the conflict. In the Philippines, UNICEF helped to broker special agreements with the Moro National Liberation Front and the Moro Islamic Liberation Front to facilitate measles vaccination, and promoted community-based peace education projects. In Afghanistan, UNICEF conducted a study on the "Impact of Conflict on Children", developed a psychosocial trauma training programme for child caregivers and supported an initiative to reunite children in the main state orphanage in Kabul with their families. In Sierra Leone, UNICEF sponsored workshops on child rights for the Economic Community of West African States Monitoring Observer Group, the Civil Defence Force and local law enforcement officers, especially former child combatants. In parts of the Central and Eastern Europe, CIS and Baltic States region, psychosocial rehabilitation and landmine awareness have been key advocacy and programme components. In the Balkans and Caucasus, UNICEF has helped to develop curricula in the education system on tolerance and peaceful conflict resolution.

Advocacy publications and outreach

36. UNICEF global advocacy was furthered through its major publications. *The Progress of Nations* succeeded in drawing attention to the important yet far-too-neglected issue of birth registration and recognition of the right to an identity. UNICEF-supported birth registration campaigns were particularly meaningful in countries affected by armed conflicts. In the case of Angola, a campaign for free birth registration in Luanda, which was later expanded to various provinces, led to the registration of some 23,000 children in the area in just the first five weeks of the effort. The campaign promoted a sense of citizenship and belonging to a nation devastated by civil war.

37. Devoted to the right to education, *The State of the World's Children 1999* report highlighted the need to improve access to, and the quality of, basic education, particularly for girls, and stressed its value as the key to the reduction of poverty and the prevention of gender discrimination and other child rights violations. The relevance of UNICEF work in the promotion of the right to education has led, *inter alia*, the Commission on Human Rights to invite UNICEF to provide information and engage in an ongoing dialogue with the newly-appointed Special Rapporteur on the Right to Education.

38. Alliances with mass media and the use of the new multimedia technologies furthered the advocacy agenda. Some 2,200 television stations in 170 countries took part in the International Children's Day of Broadcasting and the Cartoons for Children's Rights initiative. A consortium of 70 leading animation studios in 32 countries continued to produce spots for television that highlighted the value of children's rights in the context of the anniversary of the Universal Declaration of Human Rights. The average number of visits per month to the UNICEF global website for information on children and the organization's positions on critical issues increased from 2.1 million during the first quarter of 1998 to nearly 4 million in the last quarter. The interactive Voices of Youth internet site experienced substantial growth during 1998. With over 250,000 visitors to the site, it now operates 17 different discussion forums, all trilingual, on topics including HIV/AIDS, child labour, girls' education and the environment. In 1998, the project established nearly 40 new working partnerships in UNICEF country offices in West and Central and Eastern and Southern Africa; Central and Eastern Europe, CIS and Baltic States; the Middle East and North Africa; and the Americas and Caribbean; as well as with National Committees for UNICEF and NGOs. This helped to broaden access among poorer young people to web discussions and chat forums. The advocacy messages identified above have also influenced programmatic actions at the country level.

B. Programme priorities

Overview

39. In reporting on progress towards implementation of the MTP programme priorities, the diversity of UNICEF-assisted country programmes needs to be taken into account. This diversity, which limits the ability to provide fully aggregate reporting, is an outcome of a country-based programming process rooted in the local situation of children and women as well as agreements with national partners on how best to ensure their rights. Another challenge in the reporting process arises from the fact that many of the key activities supported by UNICEF are catalytic in nature and aim at achieving changes in social practices, policy development and capacity-building for the realization of children's rights, objectives whose results normally emerge only over the medium to long term.

40. In many countries, UNICEF supports communication and social mobilization activities and policy dialogue designed to promote child-friendly behaviour in society, as well as an enabling legal, economic, social and institutional

environment where children's rights can be a reality. These activities, many examples of which are found in this report, have direct relevance to improving the situation of children and sustaining achievements made, but are not always easily quantifiable. Measuring cultural, qualitative and attitudinal changes — outcomes increasingly sought by UNICEF programming — is an ongoing challenge that the organization is addressing through improved data collection, analysis and evaluation methods.

41. Following the issuance of organizational guidelines entitled "1998–2000 Programme Priorities" (CF/PD/PRO/98-003) in April 1998, UNICEF country offices reviewed with national partners the opportunities for accelerating actions in 1998–2000 for selected priorities in the context of the goals of the World Summit for Children, and within the scope and framework of existing programmes of cooperation and the spirit of the MTP. This led to significant adjustments at the country level, accompanied in some cases by a reallocation of funds.

42. Regional management teams (RMTs) also reviewed current priorities in light of the MTP, a process which provided a clearer focus for regional technical support and monitoring efforts, and led to the additional guidance being provided to country offices in their discussions with counterparts on possible areas for acceleration. Among the key areas identified by the RMTs in 1998 for special efforts within regions during 1998–2000 were the following: the prevention of HIV/AIDS and the control of malaria in Eastern and Southern Africa; immunization, primary education and improvement of maternal health in West and Central Africa; clean water, sanitation and the reduction of maternal mortality and child labour in the Americas and Caribbean; polio eradication, the elimination of iodine deficiency disorders (IDD) and youth health and development in Central and Eastern Europe, CIS and Baltic States; polio eradication and girls' education in the Middle East and North Africa; the reduction of maternal mortality, IDD and child sexual abuse, immunization and improvement of basic education in South Asia; and the elimination of IDD, polio eradication, and the reduction of water-borne diseases and child sexual abuse in East Asia and the Pacific. The prevention of HIV/AIDS and the control of malaria were further priorities in the Mekong subregion. At the same time, three regions have increased the priority given to the elimination of female genital mutilation (FGM).

Reducing young child mortality and morbidity

43. Despite major progress over the last four decades, levels of young child mortality remain unacceptably high in most developing countries, and highest in the least developed countries (LDCs) of sub-Saharan Africa and South Asia. The major causes of the 12 million young child deaths during 1998 continued to be acute respiratory infections (ARI), diarrhoea, measles, malaria and perinatal causes, as well as, increasingly, HIV/AIDS. Malnutrition was an underlying factor in about one half of these deaths. As envisaged in the MTP, UNICEF intensified its effort to address the major causes of mortality and morbidity, especially in countries where the under-five mortality rate (U5MR) exceeded 70 per 1,000 live births. UNICEF-assisted country programmes provided support to a mix of preventive and curative measures targeted to specific diseases and to factors contributing directly to their incidence. This was complemented by approaches in a growing number of countries to strengthen child-focused, integrated strategies based on partnerships among families, health workers, other care providers and, above all, government health workers.

44. Support for increasing and sustaining immunization coverage among children remained a major priority for UNICEF worldwide. In large parts of East Asia and the Pacific, for example, UNICEF worked closely with the World Health Organization (WHO), the United States Centers for Disease Control and Prevention and the Asian Development Bank (AsDB) to provide Governments with additional support for accelerating polio eradication efforts, measles prevention and neonatal tetanus elimination. While continuing to support national expanded programmes on immunization (EPI) in all regions, UNICEF in 1998 continued gradually to shift its emphasis, through such mechanisms as the Vaccine Independence Initiative, to increasing government ownership of established programmes and to focus its direct support on innovations such as the introduction of new vaccines and safer delivery and injection systems.

45. In 1998, UNICEF worked closely with donor agencies and regional banks to help replace increasingly outdated cold-chain equipment in a number of developing countries. In all regions of Ghana, for example, cold-chain equipment was repaired, generators for cold rooms were supplied and maintenance technicians were trained, and increases in vaccination coverage of 14 per cent for measles and 12 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine were registered. In Nigeria, UNICEF provided 35 million doses of polio vaccine and cold-chain equipment valued at $1.5 million, and supported training and local planning for campaigns in which about 22 million children were immunized. Reviews of the cold chain and of poorly performing districts were undertaken with UNICEF support in the United Republic of Tanzania, and some 8,000 health

staff were retrained. In Malawi, tetanus toxoid vaccination coverage among girls attending school was increased from 35 to 55 per cent. Quality improvement protocols for safe immunization practices were introduced in five countries in Central Asia.

46. NIDs, held in over 90 countries in 1998 with support from WHO, UNICEF and others, proved particularly successful in reaching population groups previously unreached with polio vaccine. As a result of impressive levels of social mobilization, national coverage rates of 80–90 per cent were achieved routinely in these campaigns. High coverage rates were attained even in countries facing complex emergencies such as Iraq and the Sudan, and in significant parts of Afghanistan and the Democratic Republic of the Congo. As the NID approach becomes more fully integrated with routine health delivery and disease surveillance systems, it is likely to expand to include a wider range of interventions among disadvantaged populations, including deworming, the re-dipping of bednets, and family health and nutrition education.

47. Malaria control was given higher priority by UNICEF, in conjunction with the new Roll Back Malaria alliance with WHO, the United Nations Development Programme and the World Bank. Special focus was on the high incidence areas of Africa and the Mekong subregion. In the Gambia, for example, bednet dipping was extended to all parts of the country, with UNICEF supplying insecticides, training health staff in case management and providing support to theatre groups performing public education messages about malaria. The provision of bednets was expanded nationally in Rwanda, and Malawi updated its drug treatment protocols. In Mauritania, village guinea worm eradication agents were trained to manage malaria cases. In all, UNICEF support was provided to accelerate malaria control activities in some 32 countries in 1998, 27 of them in sub-Saharan Africa.

48. The impact of UNICEF support to the control of diarrhoeal diseases (CDD), a significant component of many country programmes, has been more gradual. UNICEF supported actions designed to provide household decision makers with skills and knowledge on the appropriate use of home-based fluids as well as oral rehydration salts (ORS). In spite of some cultural beliefs that work against these recommendations, progress was evident in 1998. In Bangladesh, for example, the extremely low case fatality rate from diarrhoea following the devastating floods of last year was at least partially attributable to the impact of UNICEF-supported communication campaigns aimed at increasing the knowledge and practice of rehydration therapy. A dramatic reduction in diarrhoeal mortality was reported in Nigeria following the bulk supply of ORS and wide-ranging rehydration promotion activities involving church leaders, caregivers, youth groups and service organizations.

49. Support to activities for the control of ARI was provided mainly through programmes in over 50 countries implementing the Integrated Management of Childhood Illnesses (IMCI) initiative. This approach, promoted by UNICEF, WHO, the World Bank and other partners, is designed to reduce child morbidity and mortality from major causes. Activities included the training of health workers in case management and the rational use of drugs, improved counselling of caregivers and community groups to recognize and seek timely care for pneumonia, and the promotion of adequate supplies of essential drugs. The approach was introduced in some 20 countries during 1998, bringing to 58 the total number of countries participating in the initiative. Drawing on experiences with participatory health programmes, including the Bamako Initiative, UNICEF contributed to a stronger community focus for IMCI, both at field level and in the identification of key practices to be promoted for preventive health and child care. UNICEF assistance was provided to five sub-Saharan African countries in implementing community- and family-based activities to improve child health. In Azerbaijan, Armenia, Georgia, Kazakhstan and Moldova, the IMCI initiative was adopted as the official approach for child care in primary health activities, and orientation workshops were carried out. India, the Islamic Republic of Iran, Iraq, the Syrian Arab Republic and Yemen were also among the countries that introduced IMCI as a key strategy for child health in 1998.

50. Based on mounting evidence that adequate vitamin A intake not only prevents blindness, but also significantly reduces child mortality, WHO and UNICEF jointly recommended that vitamin A supplementation should form part of immunization activities in all countries with high under-five mortality and/or vitamin A deficiency. In 1998, more than one half of the countries in these categories included vitamin A supplements in NIDs, resulting in rapid improvements in coverage. About one half of all children in countries with high under-five mortality received at least one high-dose supplement of vitamin A. The most striking progress occurred in sub-Saharan Africa, where vitamin A coverage rates doubled in the last two years to about 60 per cent, due largely to NIDs. In West and Central Africa, the number of countries providing supplementation increased from 4 to 19 in 1998. Support provided by UNICEF to these efforts included the provision of capsules, funding for vitamin A awareness campaigns and training for vitamin A deficiency surveillance.

51. In order to address the dramatic threats to millions of children and women affected by HIV/AIDS, a major reorientation of priorities in programme cooperation was initiated during 1998, particularly in Eastern and Southern Africa (see also the report on "Ensuring children's rights in Africa" (E/ICEF/1999/12) being submitted to the Board at the present session). In 13 countries, UNICEF engaged Governments in a dialogue on urgent measures to reduce mother-to-child transmission of HIV/AIDS, including expanded access to voluntary testing, counselling and treatment. In Côte d'Ivoire, health workers were retrained, HIV testing was undertaken with some 20,000 pregnant women, AZT treatment was provided to 1,600 HIV-positive women and information on HIV prevention was made widely available. In the East Asia and Pacific region, an inter-agency task force, including UNAIDS, WHO, the United Nations Population Fund (UNFPA) and UNICEF, was formed to support accelerated efforts to prevent HIV transmission. The programme draws on successful experiences in parts of Thailand in reducing mother-to-child transmission rates and in raising awareness for prevention and community support to people living with HIV/AIDS.

52. Support for improved hygiene and sanitation continued to be a priority in countries with high rates of child mortality, with a particular focus on environmental conditions and education for behavioural change in poor communities and schools. This key area complements the support given to CDD through the health system. In India, access to sanitary latrines increased from 19 per cent at mid-decade to 24 per cent in 1998, while the use of low-cost sanitary platforms is proving effective in several parts of West and Central Africa. Higher priority was given to sanitation at the national policy level in a number of countries in the East Asia and Pacific, Africa, and Americas and Caribbean regions. At the country level, such as in Zimbabwe, UNICEF supported districts and municipalities in the use of participatory hygiene education methods, public awareness campaigns, the construction of latrines with handwashing facilities in schools and the production of manuals for household latrine construction.

53. The construction of drinking water facilities was supported by UNICEF in a more limited number of low-income countries. These included: the Sudan, where the borehole drilling programme was partially targeted to villages still affected by guinea worm; Nigeria, where some 3,900 water sources benefiting roughly 1.5 million people were established or rehabilitated in areas affected by guinea worm or a high incidence of diarrhoeal diseases; Afghanistan, where nearly 400,000 people were provided with hand-pump wells, piped water systems or chlorination for wells; Bangladesh, where the construction of some 15,000 water supply facilities was combined with new guidelines, testing and public awareness measures for the avoidance or mitigation of arsenic contamination; and Myanmar, where water was provided to schools and health facilities, supported by national sanitation weeks. Other countries where UNICEF supported the provision of clean water on a significant scale included Bolivia, Egypt, India and Iraq.

54. Despite this progress, significant constraints continue to affect efforts to reduce morbidity and mortality among young children. UNICEF believes that strengthening community organizations and local institutions will be key to the success of integrated approaches to the promotion of child survival, health and growth across all regions. Policy support for these approaches needs to be built, including within the framework of sector-wide reforms and UNDAF. More systematic regional collaboration among partners, including UNICEF and WHO, needs to be pursued in support of these approaches as well as overall health system reforms. Meanwhile, particular disease eradication efforts also face hurdles. For example, the partnership effort to eradicate guinea worm, which met spectacular success in recent years, stalled in 1998 due to the continuing conflict and difficulty of access for interventions in southern Sudan, which accounts for the large majority of remaining cases. The eradication of polio will depend not only on maintaining global momentum, political commitment and funding support, but also on obtaining access to children in areas of conflict and severe instability, where the wild polio virus still exists. Political commitment and funding for the control of measles and the elimination of neonatal tetanus also need to be increased. A more general issue is the need for more stable and reliable financing mechanisms for vaccines and essential cold-chain equipment in the poorest countries, including adequate and sustained expenditure by countries themselves.

55. The high levels of protein-energy malnutrition and stunting which persist in the poorest regions of the world continue to be major contributing factors to child and maternal morbidity and mortality. The solution does not lie in achieving increases in household income and food security alone. Experience shows that major advances in nutritional status among children and women also depend on improvements in basic services, including access to clean water, and in care practices during pregnancy and early childhood.

Improving early childhood care for child growth and development

56. The MTP designated the care of children in the earliest years of life as a major and growing priority for UNICEF in view of its centrality for human survival, growth and development. This is a fundamental area for the achievement of children's rights and depends primarily on the family and community environment. (Early childhood care (ECC) is discussed further in the report on "The future global agenda for children — imperatives for the twenty-first century" (E/ICEF/1999/10) being submitted to the Board at the present session.)

57. Key activities during 1998 included the development of a global concept paper and the initial training of counterparts in nine pilot countries in strategies for intersectoral work. Indicators for this area were included in the assessment exercise of the Education for All (EFA) by 2000 initiative (see also paragraphs 67–71 below). UNICEF is now supporting activities in 27 countries worldwide, including the pilot countries where community-based integrated health services for the young child provides one of the three main pillars of the emerging strategy for ECC; the other two are improvements in a range of nutrition and care practices, and psychosocial well-being in the family environment.

58. In Malawi, one of the pilot countries, a draft ECC policy and syllabus were prepared, and more than 60 new centres for the promotion of improved child care were established. A standard training curriculum was developed in Jamaica. Romania extended its ECC programme to some 85 pilot locations, while teacher and parental education packages were developed in The former Yugoslav Republic of Macedonia and Turkey. Country programmes in the Lao People's Democratic Republic and Viet Nam supported the training of village workers, caregivers and home visitors, while the training of staff at community centres was emphasized in Malaysia and Myanmar. The content of ECC training activities in several countries in the Asia and Americas and Caribbean regions now aims specifically to integrate health and nutrition interventions, and to develop skills to address the psychosocial and cognitive development needs of young children. During 1998, over 400 teachers were trained in ECC and pre-school education through the multi-country programme in the Caribbean, and training on new concepts in ECC was held with counterparts in the West and Central Africa region.

59. Laying the basis for future expansion, agreement was reached in 1998 with the Regional Training and Resource Centre in Singapore on a training of trainers course for Asian countries. Closer partnership was also developed with the Save the Children Fund for support to ECC, including in Asian countries.

60. In a closely-related area, the number of certified "baby-friendly" hospitals rose rapidly from 2,952 in 1994 to 14,544 in 1998. Over one half of these facilities are in the East Asia and Pacific region. The number in sub-Saharan Africa increased by 50 per cent during 1996–1998, and significant progress was reported in several countries of the Central and Eastern Europe, CIS and Baltic States region. UNICEF continued to support local monitoring groups, information exchange, training in areas such as lactation management and social mobilization activities for the Baby-Friendly Hospital Initiative. Advocacy was continued for compliance with the International Code of Marketing of Breast Milk Substitutes. for which some 66 countries have now made at least some form of legal provision. In some of the countries seriously affected by HIV/AIDS, opportunities are being explored through baby-friendly hospitals to help HIV-positive mothers avoid transmission to their newborns, including testing, counselling and a review of options for replacement feeding.

61. A central challenge for effective future support by UNICEF to ECC lies in learning from operational experience. Careful assessment by national and international partners of the pilot initiatives can provide the basis for validation and the dissemination of best practices, and their uptake through national policy and local action.

Preventing childhood disability

62. One of the leading causes of visual disability, mental retardation and stunting among children is the deficiency of micronutrients such as vitamin A and iodine (see also paragraph 50 above). Other important measures which contribute to preventing childhood disability include the acceleration of polio vaccination and measures for the elimination of guinea worm. In all these areas, global trends have been highly positive during the 1990s, while challenging work still remains to be done.

63. The progress made in recent years in access to micronutrients was extended through a rise in the proportion of the world's edible salt that is iodized — from some 56 per cent in 1997 to around 65 per cent by the end of 1998. This represents a threefold increase in the availability of iodized salt since 1990 and is due partly to expansion in the production of such salt in exporting to populous countries, including China. UNICEF cooperation in 1998 continued to shift from its initial focus on providing producers with iodization equipment and iodate to support of national

legislation, quality monitoring, assessment of the impact on IDD and public information on the benefits of treated salt. Overall consumption levels are estimated to have risen by about 10 per cent during 1998 to around 60 per cent of households worldwide. It is estimated that some 12 million fewer children are born with mental retardation annually due to this effort. These results, however, face challenges of quality control, shortages of donor funding and the rising price of potassium iodate.

64. Efforts were increased in 1998 to improve access to basic education and community-based services for children with disabilities. In Mali, this involved the training of teachers to identify and support disabled children. In the Gambia, support was provided for a national disability survey, the identification of children in the community and sensitization meetings with families. Armenia and The former Yugoslav Republic of Macedonia piloted initiatives for the inclusion of disabled children in mainstream schools, and related teacher training was carried out in Bosnia and Herzegovina. Similarly, in Colombia, child-friendly schools integrated all children of the community into the local schools. In Azerbaijan, training for gainful employment was provided for orphaned and disabled youth. Egypt undertook an evaluation of UNICEF-supported community rehabilitation efforts for children with disabilities, while Jordan expanded services for such children in poor urban areas. In the Islamic Republic of Iran, reading materials were produced in accessible forms for children with visual and hearing impairments.

65. The sowing of landmines has been one of the most horrific and needless causes of childhood disability in the twentieth century. Child-focused mine-awareness programmes received continued UNICEF support during 1998 in several countries, including Angola, Bosnia and Herzegovina, Mozambique and Sri Lanka. The marking of mined areas was successful in reducing the number of new victims in Cambodia, where assistance and vocational training for mine victims were also provided. In Bosnia and Herzegovina, 7 new child landmine victims were reported in 1998 compared with 83 in 1995.

66. The causes of childhood disability are many and complex. While UNICEF assists partners in pursuing improvements in young child nutrition and care, more intensive and effective efforts will be needed to break through other barriers to preventing disability, including in the area of safe motherhood, discussed in paragraphs 86–90 below.

Improving access to and quality of basic education

67. Substantial progress has been made since the Jomtien Conference on EFA and the World Summit for Children towards realizing the right of all children to education. A major area of work in basic education during 1998 was the extensive inter-agency cooperation in preparation for the assessment in the year 2000 of the EFA global initiative (see also paragraph 104 below).

68. A varied range of approaches to promoting children's rights to education continued to be supported through UNICEF programme cooperation in 1998. Among these were: support to curriculum reform, often involving the inclusion of life skills, health education and gender-awareness materials; the training of school management committees as mobilizers and monitors of learning achievement; and the provision of textbooks, classroom furniture, teaching guides and training manuals, particularly in very low-income countries. In several cases, UNICEF provided inputs to the design of national sector development programmes for basic education, including components focused on access for girls. It further supported innovative, participatory approaches to schooling based on community action. This included the promotion of the concept of child-friendly schools, as in Colombia and Guyana.

69. Examples of these approaches included the training of over 600 school committees in the United Republic of Tanzania, leading to the development of school improvement plans; the training of over 40,000 school committee members to monitor access and management of primary schools in Pakistan; the extension of mapping techniques to identify children not attending school in 17 districts of Bangladesh; the enrolment of some 140,000 children in remote and disadvantaged urban areas of Viet Nam in alternative education classes; and the training of over 370 school directors and teachers as part of a pilot project for peace education in Burundi. In 10 countries of West and Central Africa, approximately 3,400 schools and 800 literacy centres were supported under the African Girls Education Initiative, more than doubling 1997 coverage. In Eastern and Southern Africa, the Initiative supported inter-country exchanges of community schooling experiences, while the focus on assessment of learning achievement was strengthened in several countries.

70. Particular emphasis in programme cooperation in Asia was placed on innovations for increased access and improved quality through multigrade and cluster schools, which seek to promote child-centred teaching and learning and closer relations between schools and communities.

Comparable approaches were pursued with remote populations in Djibouti and the Sudan. UNICEF reactivated its support to primary education in Indonesia in response to the economic crisis. Social mobilization was undertaken aimed at preventing school drop-outs, and Indonesian authorities have attributed the much lower than expected levels of drop-outs to the effects of this activity. In another example, a sentinel system was introduced in Lebanese schools for the early detection of potential drop-outs, in part as a preventive measure against child labour.

71. In spite of progress made, the fulfilment of the rights of girls falls short of that of boys in some regions, while, in considerable parts of sub-Saharan Africa and South Asia, millions of children are still denied school places, due in part to deep structural weaknesses of public education systems. (See also the report on "Progress, challenges and future strategies in basic education" (E/ICEF/1999/14) being submitted to the Board at the present session.)

Improving adolescent health and development

72. Adolescents have attracted increasing attention in recent years. Growing emphasis is being placed on their development and participation in UNICEF work because of the following: the impact of the AIDS epidemic, with some 7,000 people between the ages of 15 and 24 years becoming infected every day; a recognition of the wider risks faced by many older children, including violence, trafficking and abuse; common health problems ranging from tuberculosis to depression and suicide; the challenges presented in some regions by the responsibilities of adolescents as parents and caregivers, and an increasing recognition of their rights and their essential contribution to communities and social progress as a whole.

73. UNICEF continued to promote programme partnerships and consensus in this area within the United Nations and with NGOs. UNICEF contributed to the 1998 World AIDS Campaign, which focused on Young People as Agents of Change; to the UNAIDS programme strategy for young people; and to the 1998 World No Tobacco Day, which focused on "Children and Youth". UNICEF also collaborated with WHO and other partners to develop consensus on concepts and programmes for life skills, and continued to make contributions in the development of psychosocial programmes for adolescents in conflict situations. A number of UNICEF offices, including in Bangladesh, Brazil, Costa Rica, Egypt, Sri Lanka and Thailand, collaborated on an initiative funded by the Rockefeller Foundation entitled "Adolescent Health and Development: What to Measure and How?", from which UNICEF and key partners expect to gather important experience for this area.

74. There were continuing efforts to involve young people in global programme development, with two youth-centred workshops organized during 1998. One workshop was held prior to the 1998 World Youth Forum and focused on issues of discrimination as a result of gender, race, HIV status and disability; another, sponsored by UNAIDS and UNICEF in New Delhi, brought together young people from around the world to identify ways of working more effectively with the media. UNICEF helped to facilitate workshops on children's rights and discrimination during the 1998 World Scouts Jamboree, working with young facilitators from Costa Rica, Côte d'Ivoire and Jamaica, while the Internet-based Voices of Youth initiative continued to find innovative ways to help meet the rights of adolescents to information and participation.

75. Programmes assisted by UNICEF at the country level ranged from activities to promote life skills in schools in Eastern and Southern Africa and the Mekong subregion of Asia and innovative teaching and learning approaches in Egypt and Thailand, to the promotion of youth-friendly health services in Ukraine and Zambia and recreational opportunities in the West Bank and Gaza. Measures to enlist young people as educators and peer counsellors on HIV/AIDS were expanded in China, Côte d'Ivoire, Malawi, Sri Lanka and Viet Nam. In the Philippines, more than 1,000 peer, street and community educators were trained in health promotion and HIV/AIDS prevention, while school curricula and health worker manuals were revised to include key messages for adolescents. In Sri Lanka, UNICEF worked with school health clubs on HIV/AIDS education, and assisted NGOs working with high-risk groups such as soldiers and commercial sex workers.

76. The promotion of adolescents' health and development is a priority for UNICEF cooperation in most countries of Central and Eastern Europe, CIS and Baltic States region. Activities during 1998 included the establishment of networks of youth clubs and information centres, the training of journalists and peer education in schools on sexually transmitted diseases. UNAIDS, WHO and UNICEF agreed to make joint visits to several countries in this region in 1999 to establish working mechanisms with national partners. Partnerships with municipal authorities for youth-friendly services and city plans to meet the needs of children were formed in Poland and the Russian Federation.

77. These examples reflect important learning experiences for UNICEF. Their diversity is in part a response to the differing challenges faced by adolescents in securing their

rights across societies and regions, and a result of the limited experience of UNICEF itself, necessitating a careful selection of areas for programme support. The challenges ahead in the development of programming to meet the rights of adolescents to development and participation include: developing skills and opportunities for the effective participation of young people; providing support to parents (both adolescents as parents and the parents of adolescents); developing respectful partnerships between young people and adults, and with religious organizations and the private sector; and providing psychosocial support to young people and increasing their access to voluntary and confidential HIV counselling and testing. The efforts of UNICEF country offices, in collaboration with a range of partners, have laid strong foundations for more concerted efforts to meet the rights of this group of children. With increased emphasis on advocacy, policy formulation, mobilization and other forms of support to young people in addressing their problems, UNICEF will gradually build its capacity and experience in relation to each of the major issues involved.

Protecting children from exploitation, violence and abuse

78. UNICEF work to address major challenges faced by the children affected by armed conflicts, HIV/AIDS or situations of exploitation and abuse gained further momentum in 1998, particularly in growing efforts to undertake analysis, strengthen staff capacity, build partnerships, promote action and support implementation of expanded activities to combat child labour and child sexual exploitation, and ensure the care of orphans and the protection of children in conflict.

79. Studies on the incidence and causes of the complex problem of child labour were initiated during 1998, together with ILO, in Kenya, South Africa and the United Republic of Tanzania. Coordination and monitoring groups were established on this issue in South Africa and the United Republic of Tanzania, and a regional assessment meeting on child domestic workers was held in the West and Central Africa region. Learning centres for child workers were set up in six urban areas in Bangladesh, a school programme was assisted in Nepal and support was given to the Government of Brazil in the development of programmes for working children. Advocacy with representatives of industry, employers and unions has created social pressure to reduce the use of child workers in India. National committees for the eradication of child labour were established in several countries in the Americas and Caribbean region following a regional seminar held in Santa Fé de Bogotà. In response to the impact of the economic crisis, projects were developed in Indonesia, the Philippines, Thailand and Viet Nam for the use of educational opportunities to combat child labour, and were launched at the end of 1998, together with similar activities in 13 other countries.

80. A number of national action plans against the commercial sexual exploitation and trafficking of children were developed in 1998, with cooperation from UNICEF, ILO and the Save the Children Alliance, including in Cambodia, Mongolia, the Philippines and Viet Nam. Studies of child trafficking were completed in 10 countries in West and Central Africa and were initiated in Poland. A first regional conference on the subject was held in the Pacific island countries, and bilateral cooperation is increasing among countries in the Mekong subregion. A regional convention on the trafficking of children and women was drafted by the countries of the South Asian Association for Regional Cooperation, with the collaboration of UNICEF and other United Nations agencies. In addition, the Plan of Action for Children adopted by the 1998 Summit of the Association of South-East Asian Nations committed member States to combat trafficking of children and to prevent violence against children and women. Following a mission by the United Nations Special Rapporteur, the Government of Mexico, with UNICEF technical support, established a National Commission and Plan of Action against the commercial sexual exploitation and trafficking of children.

81. In the countries of the Central and Eastern Europe, CIS and Baltic States region, special emphasis was given to improving the conditions for children in public care facilities and developing alternatives to public care based on the principle of the best interests of the child. A decentralized reform programme was launched in Romania, supported by UNICEF advocacy and training of local officials. Legislation on foster care was passed in The former Yugoslav Republic of Macedonia, and UNICEF assisted training for potential foster families in several countries. Short-term support, including essential drugs and other supplies, was also provided to children who continue to be cared for in institutions.

82. In a further key area for the protection rights of children, UNICEF supported the training of police and social affairs staff in skills to assist children and women who are victims of abuse in Cambodia, Guyana, Namibia and other countries. Local hotlines for use by children faced with abuse were supported in Azerbaijan, the Dominican Republic and Georgia.

83. The situation of children orphaned by AIDS in parts of Africa is of increasing concern, and country assessments

were completed in six of the most seriously affected countries in order to identify best practices and ways to expand existing programmes to respond to the growing needs. A multi-country consultation was held in Uganda with Governments, NGOs and community organizations, in collaboration with UNAIDS, as a step towards the establishment of guidelines for the care and protection of orphans.

84. Direct UNICEF support for children affected by armed conflict focused on three main areas:

(a) Health and nutrition: In the Congo, for example, UNICEF supported emergency vaccination and vitamin A supplementation campaigns for 326,000 children in Brazzaville and Pointe-Noire. Through these emergency campaigns, training activities, additional cold-chain equipment and logistics support, UNICEF has helped to re-establish the war-disrupted EPI to ensure sustained vaccination coverage against the six main preventable diseases for all Congolese children;

(b) Psychosocial well-being: Support to war-affected children continued to be a major activity in Azerbaijan and the Balkans, with positive results as shown by a multi-country evaluation. In Uganda, UNICEF assisted district officials to prepare for the provision of psychosocial support to children returning following their abduction. A national plan of action was formulated to address child trauma in Algeria, and field worker and teacher training for the project was begun;

(c) Education: In acute situations, training packages, such as the Teaching Emergency Package developed by UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNHCR for Rwanda, have proved invaluable in ensuring the early response to educational needs. Building on the Rwanda experience, UNESCO and UNICEF have now developed and are using the EDUKITS "school-in-a-box", a collection of basic supplies, in Angola.

85. Work in this priority area is and will continue to be faced with the challenges of a better understanding the causes of abuse and violence; achieving higher priority at political levels and in programmes; bringing about convergence among the efforts of different sectors and promoting effective partnerships, including with communities and NGOs; ensuring that children who remain excluded are reached by mainstream services and that abuse and violence are prevented; and reorienting administrative and legislative systems to systematically promote the best interests of children. A more comprehensive movement on these various fronts was achieved in 1998, but needs to be further extended. The challenges of improving the information and monitoring base for these efforts are also considerable, and are discussed further in paragraphs 97–105 below.

Reducing maternal mortality and morbidity

86. The right of women to safety in pregnancy and delivery remains threatened by high maternal death rates in all developing regions of the world. The risks to women are extremely high in large parts of sub-Saharan Africa where, in several countries, it is estimated that over 1,000 deaths occur for every 100,000 live births. Tens of thousands of these deaths are not reported and remain uninvestigated. UNICEF is increasing its support to improving the safety of women in maternity, particularly in the countries and regions with the most serious problems. This will be accomplished through programmes that focus on the immediate causes, particularly the lack of available care facilities, as well as on related factors such as FGM and maternal malnutrition.

87. UNICEF support in 1998 for this priority area included, in various regions, the assessment of maternity hospitals, the development of quality standards, the training of health workers in prenatal and perinatal care, the equipping of district referral systems and advocacy for priority to be given to maternal health in national policies. A regional strategy for reducing maternal mortality was developed in West and Central Africa, the region with the highest death rates. Iron folate supplements were provided to pregnant women in at least 27 countries, an activity that will be expanded to other countries in 1999. South Africa received support for the institutionalization of reporting on maternal deaths, and training was provided to some 43,000 health workers in Pakistan.

88. UNICEF continued to support "mother-friendly" movements and the training of community midwives in various countries. In Indonesia, community savings schemes have been encouraged to reduce the potential cost to families of emergency obstetric care. Cambodia, Mongolia and Viet Nam are in the process of expanding community financing approaches for emergency obstetric care and primary health care, which were piloted in 1998 with UNICEF support. The emergency obstetric care approach was extended to 20 districts in Bangladesh and three governorates in Egypt. Gains in the reduction of maternal mortality in several Asian countries were threatened by reduced government funding related to the economic crisis, and UNICEF stepped up its support, together with AsDB, to strengthen national safe motherhood programmes. Systems and instruments for reporting and auditing the causes of maternal deaths were

developed during 1998 in several countries, including Bangladesh, Georgia, Guyana, Indonesia, Sri Lanka and Tunisia.

89. Results from an evaluation in 1998 of the national health insurance programme for maternity and childhood in Bolivia, launched in 1996 with support from United Nations agencies, including UNICEF, found that coverage of prenatal care had increased from 53 to 70 per cent in the two years, and that births in health facilities had increased by one third to nearly 70 per cent. The insurance scheme was further extended in 1998 with financial assistance from the Inter-American Development Bank.

90. At the global level, UNICEF continued to participate in various "International Conference on Population and Development + 5" forums organized by UNFPA and in the inter-agency group on the Safe Motherhood Initiative. Detailed operational guidelines on programming for safe motherhood were developed with partners worldwide for the use of UNICEF staff and national counterparts. UNICEF also worked with WHO and UNFPA during 1998 to develop criteria for "women-friendly" health services, which provide the first step in the definition of universal standards for this area. Constraints remain to be addressed, including the paucity of support from funding partners and the often low profile of this issue in national health and wider development policies.

Preventing gender discrimination and promoting gender equality

91. Strategic and cross-sectoral issues need to be considered in the process of accelerating programme efforts for the global goals for children. Addressing gender discrimination and promoting the rights of women is one such area. Efforts by UNICEF to mainstream gender considerations in its future work are reviewed in document E/ICEF/1999/13 being submitted to the Executive Board at the present session. The strategic role of preventing gender-based discrimination and violence and promoting the rights of women is also discussed in the report on "The future global agenda for children — imperatives for the twenty-first century" (E/ICEF/1999/10).

92. During 1998, UNICEF has continued to promote partnerships in this area, including with the Tanzania Women's Media Association in promoting national legislation on the elimination of violence against women and girls; with the Association of Female Jurists in Burundi on public information for non-discrimination in land inheritance; and with management committees in Somalia to support women's involvement in water and education. At the global level, UNICEF has fostered alliances for children's and women's rights among NGOs, including in the area of violence within the family.

93. UNICEF has promoted a stronger emphasis on evaluative work in this priority area, as in the case of the gender audit developed in the West Bank and Gaza. With the aim of identifying best practices and enhancing gender sensitivity, including in UNICEF-assisted programmes, the audit concluded that: there had been insufficient identification of areas with gender disparities; the analysis on women's involvement had been inadequate; and, although disaggregated data by gender existed, it was not used systematically in project design and implementation. On this basis, the audit recommended that a gender mainstreaming strategy be developed, which is presently being addressed.

94. FGM continued to be a widespread form of human rights violation of major concern to UNICEF. Intensified efforts to make progress towards the eradication of this harmful practice have been supported by UNICEF in 12 countries in 1998. Some of the FGM programmes were at the baseline survey or design stage last year, using, for example, participatory appraisals of cultural practices to inform the design of communication campaigns. Advocacy against FGM was undertaken with religious leaders in Burkina Faso, Chad, the Gambia, Nigeria, and Somalia, and partnerships were continued with professional groups in Egypt. A legal ban on the practice of FGM was adopted in Senegal following a campaign by grass-roots women's organizations. A cartoon book and video on FGM were issued and widely disseminated as part of the African "Sara" communication series. At the global level, UNICEF, UNFPA and WHO met with international NGO partners to plan more systematic collaboration.

95. Other forms of violence against women were also confronted. UNICEF worked with civil society partners in Bangladesh to provide treatment and support for victims of acid throwing attacks, and supported awareness-raising on the issue of violence against women in districts throughout Pakistan. In South Asia more generally, the regional strategy on maternal mortality was designed to create a wider socio-cultural movement addressing violence and discrimination as violations of women's rights.

96. The promotion of gender equality and the mainstreaming of gender concerns in UNICEF programme cooperation remain central challenges for the organization, including in its cooperation with other United Nations partners in the context of UNDG and, more specifically, CCA and UNDAF. To address these concerns, attention will continue to be focused on the disaggregation of data for

assessment purposes, support for ratification of the Convention on the Elimination of all Forms of Discrimination against Women and capacity-building, including gender training and the development of communication materials. In line with its Mission Statement and policy goals, all areas of UNICEF cooperation, across all sectors, will need to reflect the values of non-discrimination, equity and participation, including of girls and women, and to monitor the impact of programmes using gender-specific indicators.

C. Improving the availability and use of data in critical areas

97. UNICEF continues to strengthen its data collection systems and to improve its analysis, dissemination and use of data for advocacy, programme, management and resource mobilization. Building on earlier experiences — particularly the mid-decade assessment of the World Summit for Children process — in 1998, the organization focused its data efforts around the present and emerging priorities identified in the MTP.

98. Worldwide, some 20 country situation analysis reports on children and women were completed in 1998, with UNICEF support and involving extensive national participation. These studies are an important component of the overall contribution of UNICEF to knowledge and understanding in the areas of human rights and social development. Notable examples include the recent situation analyses undertaken in Angola, Armenia, Benin, Botswana, Cape Verde, Croatia, Kenya, Maldives, Mauritius, India, Iraq, Pakistan and Zimbabwe, and, at the provincial level, in China and the Islamic Republic of Iran. Several of these have been effective in strengthening national capacity for analysis related to children's rights; supporting national monitoring of the Convention on the Rights of the Child; raising the profile of children in the national policy agenda; and contributing, with other United Nations partners, to the country's overall information base on human development issues. These reports also reflect increasing attention to the assessment and causal analysis of a range of emerging issues related to children in need of special protection.

99. As the lead agency for the end-decade review process, UNICEF has given high priority to preparing the indicators and data collection methods and fostering expert assistance and political momentum required for this complex global undertaking. UNICEF is placing high priority on providing countries not only with data collection instruments of the highest technical standards, but also with direct assistance in data collection and analysis, at both regional and country levels. The challenge is to ensure that the end-decade assessment is grounded in data that truly reflect the situation of the world's children and women and illuminate the trends upon which the new twenty-first century agenda for children will be based.

100. Through a participatory dialogue involving UNICEF and partner agencies, as well as other specialists, a set of indicators was defined to guide the assessment process. The list includes not only revised indicators to monitor progress towards the goals that were established at the World Summit for Children, but also a number of new indicators to fill critical gaps relating to other areas of children's rights such as child labour, birth registration, disability, orphans/alternative family care and early childhood development. Some of these new indicators were identified as a result of an international meeting of experts held in Geneva in early 1998 to develop a core set for the global monitoring of children's rights.

101. Some of the end-decade indicators are more complex to measure than those used at mid-decade. For example, whereas at mid-decade, process indicators such as salt iodization and vitamin A supplementation coverage were employed, at end-decade, it will be necessary to measure the results of these processes, which in the two instances cited involve the far more difficult challenge of collecting and analysing blood and urine samples. Moreover, the end-decade list includes many more indicators than were used at mid-decade, and often involves trend evaluation, which is more complex than simply measuring the status of an indicator at a single moment in time.

102. For the 2001 assessment, UNICEF is relying on a strategic tool that proved invaluable for the success of the mid-decade review — the multiple indicator cluster survey (MICS) — which is a household survey methodology that, as revealed by the evaluation shared with the Executive Board in 1998, quickly and at low cost generates data on key indicators not adequately monitored by other ongoing data collection systems. In 1998, and continuing in 1999, UNICEF updated and refined the MICS field questionnaire and manual in line with the revised list of indicators. Working closely with a range of other agencies, UNICEF sought to harmonize MICS with other major survey programmes — in particular, the Demographic and Health Surveys sponsored by the United States Agency for International Development — to generate comparable and complementary data. UNICEF issued a schedule of expected activities and deadlines for reporting on progress for children and women at end-decade. After incorporating comments received from headquarters divisions, regional offices and

partner agencies, the final list of indicators to be used for the end-decade review, along with guidelines for data collection and reporting, were distributed to country offices in early 1999.

103. MICS surveys are expected to be conducted in some 100 countries in preparation for the end-decade assessment. The major statistical and monitoring effort that began with the mid-decade review has been expanded and intensified, and is resulting in a vast improvement in the quality and availability of data. For example, before the mid-decade review, data indicating whether child malnutrition was increasing or decreasing existed in only 38 developing countries. As a result of intensified data collection, particularly through MICS, trend data for this indicator are available in well over 70 countries today. This improved capacity, in turn, challenges the international community to optimize the use of data to obtain concrete improvements for the world's children. In 1998, UNICEF continued to harness data for advocacy and action through such publications as *The Progress of Nations* and *The State of the World's Children* report.

104. Collaborative work on data continued in 1998 with a broad range of partners. UNICEF worked closely with UNDG on UNDAF and CCA towards the adoption of a common set of indicators to enhance coordination and guide action in the field. The organization worked on indicators and monitoring tools with, *inter alia*, WHO for the end-decade World Summit for Children review, IMCI, and water and sanitation; with UNAIDS on HIV/AIDS; the Office of the High Commissioner for Human Rights and the Committee on the Rights of the Child on human rights and specific child rights indicators; and UNESCO on EFA monitoring. UNICEF, with UNESCO and the World Bank, assisted in the definition, for use in country-level assessments, of 18 core indicators covering enrolment and school completion rates and issues relating to ECC, the quality of education and levels of educational investment. UNICEF further promoted a focus on the strengthening of country capacity to collect, analyse and report on data at national and decentralized levels in order to identify disadvantaged regions and children excluded from education opportunities. Some 11 multi-agency advisory groups were formed to assist countries in the assessment process. EFA national coordination mechanisms have been widely reactivated.

105. To date, three of the seven UNICEF regional offices have established regional map-linked databases, modelled on the Child Info initiative of the South Asia Regional Office. At the country level, in line with the human rights-based programming approach, attention was increasingly focused on strengthening data collection methodologies to reveal gender, urban-rural, ethnic and other disparities often concealed in national averages. Field offices are playing an important role in the development of indicators and methods in new areas, particularly through collaboration with other agencies and organizations, including ILO on child labour. The steps undertaken in 1998, which will be pursued further, will ensure a better understanding of the reality of children in areas that are critical for their lives and fulfilment of their rights. They will strengthen national capacity to gather and analyse child-related information, identify major areas of concern, and promote planning and policy-making processes designed to address them.

D. Strengthening management and operations

106. Built on progress achieved in the Management Excellence Programme (MEP), the MTP identified priorities for strengthening management and operations focusing on four areas: (a) human resources management; (b) the supply function; (c) integrated management information systems; and (d) information management and technology.

Human resources

107. In 1998, special attention was given to strengthening human resources management at both headquarters and field locations. The Division of Human Resources in New York was reorganized into eight geographically-based integrated teams to improve the quality of support to field offices. An intranet site was created, giving UNICEF offices worldwide access to key human resources information, including learning materials, human resources policies and procedures, vacancy announcements and job descriptions.

108. Progress was made in clarifying human resources policies and procedures in key areas. Over the past year, UNICEF took a lead role in inter-agency initiatives to harmonize benefits/entitlements for high-risk and difficult duty stations and for staff members affected by HIV/AIDS. UNICEF human resources policies covering salary and allowances, recruitment and placement, categories of staff and appointments, and staff relations were updated and communicated to staff.

109. The human resources subgroups established by RMTs made considerable progress in addressing human resources issues at regional and country office levels. For example, in Eastern and Southern Africa, career development and training opportunities have been created for General Service

staff through stays in other UNICEF offices within the region. In South Asia, a regional human resources work plan has been developed to strengthen the effectiveness of training activities, provide increased human resources support to offices in smaller countries and countries in conflict, and monitor staff morale and its links to performance.

110. Training in the Programme Manager System (PROMS) was conducted in 82 countries. To launch the Financial and Logistics System (FLS) at headquarters, 634 staff benefited from some 15 different courses. Twenty-seven newly-appointed senior staff attended leadership and management skills training; 12 new operations officers participated in orientation on management; and 35 offices conducted team-building and work process management training. Results being seen after three years of investing in this training include: clarified accountabilities, leading to modification of tables of authority and strengthened internal control mechanisms; more rational procedures and reduced time requirements for processing local procurement, payments, travel and liquidation of cash assistance to Governments; improved staff interaction and understanding of the different roles of staff in achieving office priorities; and increased communication and information flows.

111. Training materials were developed in the area of human rights and humanitarian principles. The training of trainers in human rights programming was undertaken in the East Asia and Pacific region, followed by training in country offices within the region. UNICEF representatives of the UNDAF pilot countries were brought together to strengthen their leadership role in bringing about a human rights approach to development. Global emergency response capacity training was held for programme and operations staff in emergency countries. To enhance UNICEF capacity for strategic planning, RMT meetings have devoted priority attention to this topic, while in some regions, standing strategic planning committees have been set up.

The supply function

112. In keeping with the supply strategy presented to the Executive Board in 1997 (E/ICEF/1997/AB/L.14), attention was given in 1998 to ensuring that the country programme process took into account the strategic use of supplies in reaching country programme objectives.

113. In order to better integrate the supply function into the preparation of country programmes, several countries in the East Asia and Pacific region undertook situation analyses of supply needs for children and national supply systems. The information obtained proved useful for anticipating supply needs and helping Governments overcome supply bottlenecks.

114. Measures taken to improve quality assurance of the supply function included setting enhanced standards for local and regional sourcing through the contracting of third party quality inspectors and the training of local inspectors. After careful scrutiny and review, a list of qualifying vendors was also established. Supply officers in three regions were trained in procurement rules and regulations, ethics, quality inspection and printing.

115. Specific measures were also undertaken to improve customer service, resulting in shortened lead-times for the arrival of supplies and reduced overall costs. Measures included the identification of new suppliers, renegotiations and updating of long-term agreements, and the updating Supply Division's product offerings. For example, overall expenditure on vaccines decreased by $1 million, although the total number of doses of vaccines purchased increased by 25 per cent — a direct result of negotiations and advocacy on vaccine pricing. These improvements were documented by a customer survey that also covered field offices operating in situations of crisis.

116. Procurement services activities increased 71 per cent in 1998 and comprise 20 per cent of all supplies procured through UNICEF. This facility is a key component in providing essential supplies for children. Some $40 million worth of vaccines and cold-chain equipment were purchased through this facility for India on behalf of KfW German Bank. Purchases were also made on behalf of programme country Governments, reflecting that they are taking an increasing responsibility for essential supplies. These transactions are not accounted for under UNICEF programme expenditures (see also paragraphs 135–140 below).

Integrated management information systems

117. The new Systems, Applications and Products (SAP)/FLS was tested throughout 1998, and implemented on time and within budget, going online in January 1999. FLS is used for all financial, administrative and logistical data and information at headquarters locations at Geneva, Copenhagen and New York.

118. By the end of 1998, 41 countries were using PROMS. Last year was a critical transition period for those offices migrating to PROMS as their data was converted, and they initially ran the old and new systems in parallel. Learning and adaptation to the new system went more smoothly in some offices than in others. A global help desk with

extended hours was established to promptly resolve any technical and business queries that arose.

119. The United Nations Information Management Information Systems (IMIS)-Human Resources module replaces the UNICEF legacy systems for human resources management. IMIS Release 1, covering classification, case and post management, recruitment and human resources services, was implemented in May 1998; and release 2 for entitlements went live in January 1999.

Information management and technology

120. Actions were taken to develop an information management strategy in 1998, including a proposal for prioritizing information management initiatives. In 1998, UNICEF established an integrated corporate information technology plan across divisions and regions, with specific headquarters and field objectives. This plan is updated on a yearly basis.

121. UNICEF programme documentation is available on both the internet and intranet sites. With a fourfold increase in the number of visits by staff over the past year, the intranet has become a key source for programme information as well as for reference on policy, procedures and administrative matters. Visits to the UNICEF internet website have also increased from 2 million to 4 million per month. Ongoing initiatives, such as regularly updating the content, making periodic enhancements, and expanding the advocacy and fund-raising functions, were instituted in 1998 to further develop and promote the use of the UNICEF Internet site as a source of global intellectual leadership on issues affecting children.

122. Enhanced communications channels, using an outsourced global network service provider with e-mail connectivity to all offices, are helping to contain costs as the volume of data transmission has increased. Initiatives utilizing wireless communications where other channels do not exist, such as in the case of emergency operations, have increased UNICEF capacity to monitor events on the ground and improve staff security. (More detailed reporting on implementation of the UNICEF strategy in information technology is contained in document E/ICEF/1999/AB/L.7 being submitted to the Board at the present session.)

IV. Income and expenditure

A. Resource mobilization

123. UNICEF continued to give high priority in 1998 to improving the mobilization of financial resources for its approved programmes of cooperation. Discussions during annual consultations and other direct contacts with donors emphasized the importance of general resources, UNICEF core programme funds. Advocacy efforts with donors were greatly facilitated by the Executive Board's approval of the MTP that set forth organizational priorities, the UNICEF vision beyond the year 2000 and the rights approach to all programming.

124. Twelve countries of the OECD Development Assistance Committee (DAC) increased their total contributions to the organization in 1998. There were encouraging indications, early in 1999, that there would be some general resources increases. The most notable of these is from the Government of the United Kingdom of Great Britain and Northern Ireland which announced a 30 per cent increase in its contribution to general resources, from approximately $16.7 million in 1998 to approximately $21.7 million in 1999. Ireland increased its contribution to general resources by 11 per cent in 1999 over 1998. Sweden has also announced a 6 per cent increase in its contribution to general resources from SKr 250 million (approximately $32 million) to SKr 265 million ($33 million). A 5 per cent increase in general resources contributions is expected from the United States of America — from $100 million in 1998 to $105 million in 1999.

125. Collaboration has expanded with the international financial institutions, particularly the World Bank, and increasingly with the regional banks. Biannual policy meetings with the World Bank established priority areas for collaboration, including girls' education and youth in post-conflict countries in 1998. Benefiting from the World Bank Development Grant Facility, UNICEF received a commitment of $4.2 million during 1998. Although not reflected as direct income to UNICEF, country project experiences were a major factor in influencing World Bank policies and International Development Association credit for a Keeping Kids in School Initiative in Indonesia, an urban health and nutrition project in the Philippines and an integrated nutrition project in Bangladesh.

126. The UNICEF Private Sector Division (PSD) continued to work closely with its National Committee partners to maximize revenues by focusing on key markets, with a greater proportion of income being allocated to general

resources. PSD introduced a "brand management" concept, combining the planning and execution of sales campaigns with fund-raising; changed the development and marketing of its card and product selection to target an expanded consumer base; created a new section to develop and manage international corporate fund-raising alliances; and continued to foster longer-term thematic fund-raising programmes with service clubs such as Kiwanis, Rotary International and the Lions Club.

B. Income

127. Total income for 1998 was $968 million. This was $26 million (2.8 per cent) higher than the $942 million total income estimated in the 1998 MTP and $66 million (7.4 per cent) higher than total income in 1997, but still below the income of 1995.

128. Table 1 below shows the breakdown of income by source. As in previous years, UNICEF derived its income from two main sources in 1998: Governments and intergovernmental organizations, which contributed $606 million (63 per cent) of total income; and non-governmental/private sector sources, which provided $318 million (33 per cent). The balance of $44 million (4 per cent) came from other miscellaneous sources.

Table 1
Total UNICEF income by source of funding (general resources and supplementary funds)
(In millions of United States dollars)

	1995	*1996*	*1997*	*1998*
Governments	655	607	595	606
Non-governmental/ private sector	308	300	284	318
Other	48	37	23	44
Total	**1 011**	**944**	**902**	**968**

129. The United States remained the largest government donor to UNICEF, contributing a total of $162 million. Its general resources contribution has been sustained at $100 million since 1993.

130. Sweden continued to be the second largest government donor, followed by Norway, the Netherlands, Japan, the United Kingdom, Denmark, Canada, Switzerland, Finland, Austria, Italy and France. Together, these 13 government donors provided 58 per cent of total UNICEF income in 1998.

131. The 1999 *UNICEF Annual Report*, which will be distributed to all Executive Board members, lists the contributions from Governments, National Committees and the private sector by country.

132. The breakdown of income by category or type of funding is provided in table 2 below. General resources income in 1998 was $571 million, $22 million (4 per cent) more than estimated in the 1998 MTP, and $24 million (4.4 per cent) more than the actual in 1997. Of the above total of $571 million, net income from the private sector accounted for $182 million, an increase of 12 per cent over the $162 million recorded in 1997.

133. Total supplementary funds income was $397 million in 1998. This was $4 million more than the MTP projection of $393 million and $42 million more than the actual in 1997. Regular supplementary funds income amounted to $281 million in 1998, $38 million (6 per cent) more than 1997 and $4 million (1 per cent) less than projected in the MTP. Total emergency supplementary funds income was $116 million in 1998. This was $8 million (7.4 per cent) more than the MTP amount of $108 million and $4 million (3.6 per cent) more than the amount of $112 million UNICEF received in 1997. Of the above total supplementary funds income, contributions from the private sector amounted to $132 million, an increase of about 7 per cent over the $123 million received from the same sector in 1997.

Table 2
UNICEF income by type of funding
(In millions of United States dollars)

	1995	*1996*	*1997*	*1998*
General resources	537	551	547	571
Supplementary funds (regular)	311	287	243	281
Supplementary funds (emergency)	163	106	112	116
Total	**1 011**	**944**	**902**	**968**

C. Expenditure

134. In 1998, total expenditure amounted to $866 million. In addition, there were write-offs and other charges amounting to $12 million (see table 3 below). Of this total,

programme cooperation accounted for $784 million ($644 million for direct assistance to programmes and $140 million for programme support), or 91 per cent. In comparison with the 1998 MTP, total expenditure, including write-offs and other charges, was lower by $71 million. Expenditure for management and administration in 1998 amounted to $82 million, $9 million less than in 1997. Table 3 also shows a decreasing trend in expenditure on supplies and equipment during the past four years. This results from a gradual shift in the strategic mix of UNICEF cooperation in many countries towards a greater focus on areas such as technical support to both sectoral and cross-sector policy formulation, child rights-focused advocacy, capacity-building among national partners, and support to local initiatives for children and women.

Table 3
Expenditure by type of input
(In millions of United States dollars)

	1995	*1996*	*1997*	*1998*
Programme cooperation:				
Supplies and equipment (including freight)	330	262	245	219
Cash and other assistance	474	422	428	425
Programme support	108	154	149	140
Subtotal	**912**	**838**	**822**	**784**
Management and administration	99	83	91	82
Write-offs and other charges	11	15	6	12
Total	**1 022**	**936**	**919**	**878**

D. Programme expenditure

135. In 1998, UNICEF supported programmes of cooperation in 161 countries and territories: 46 in Africa; 33 in Asia; 37 in the Americas and Caribbean; 18 in the Middle East and North Africa; and 27 in Central and Eastern Europe, CIS and Baltic States. These numbers include the 14 Caribbean and 13 Pacific island countries, 5 in the Middle East and North Africa, and 11 in Central and Eastern Europe, CIS and Baltic States which were supported either through multi-country programmes of cooperation or from funds for regional activities.

136. The expenditure presented in figure I provides a breakdown by programme sector and reveals a consistent trend. As in previous years, the major share of UNICEF programme expenditure continued to be in the area of health and in a range of areas that include child-focused advocacy, social mobilization, planning and capacity-building to improve the availability and use of data on children and women at national and subnational levels. Significant shares of expenditure, very similar to those in 1997, continued in 1998 in basic education, water and environmental sanitation, nutrition and other key developmental activities.

137. Figure II provides a breakdown of programme expenditure by region. Sub-Saharan Africa continued to receive the greatest share of UNICEF resources, followed by the Asia region. The cross-regional patterns of expenditure in 1998 were very similar to those of the previous year. The revised formula for the allocation of general resources approved by the Executive Board in 1997 (E/ICEF/1997/12/Rev.1, decision 1997/18) is expected to result in a significant shift of resources among regions and types of countries from 1999 onwards, even further towards LDCs and sub-Saharan Africa.

138. A total of $7,836,100 was disbursed from the global Emergency Programme Fund for use in 1998, of which 68 per cent was replenished by donors. This included support for children and women affected by conflict in the Horn of Africa, Central Africa and the Balkans and in response to natural disasters in Bangladesh, China and Kenya. The largest amount, some $2 million, was allocated to respond to the needs of children in Central America following hurricane Mitch. A total of $116 million was received against the UNICEF component of the emergency appeals in 1998, which supported relief and rehabilitation operations on a considerable scale in countries and subregions affected by conflict or natural disasters, including the Sudan, the Great Lakes zone of Central Africa, Angola, parts of the Federal Republic of Yugoslavia and the former Yugoslavia, Central America, the Democratic People's Republic of Korea, Bangladesh, Somalia, Sierra Leone and elsewhere.

139. Overall, the total programme expenditure of $784 million in 1998 represented a decline of around 9 per cent compared to 1997. This decline in aggregate programme expenditure is attributable to a range of country-specific situations, the majority of which are beyond UNICEF control. In some cases, implementation of planned activities was hampered by the effects of the financial crisis on the capacity of government counterparts, especially in Asia and parts of the Americas and Caribbean; in other instances, by the temporary diversion of efforts from regular programme activities to urgent responses to natural disasters and

conflict, particularly in Central America and parts of Africa. According to a recent OECD/DAC report, low implementation rates caused by adverse developments in countries in greatest need have also been experienced by bilateral agencies. A set of internal factors may have temporarily affected the level of implementation, for instance, the change-over to the new PROMS, requiring adjustments which are considered normal for such a large-scale complex transition, and efforts to decisively reduce the scale of unliquidated cash assistance to programme partners in some countries. These factors are considered necessary investments in improved programme management which will yield major benefits for the efficiency of UNICEF programme cooperation in 1999 and well beyond. Actions have been initiated to assess and analyse specific reasons for underexpenditure in each region in order to identify corrective actions. This matter will be a major item for review at the next meeting of the Global Management Team following the present Board session.

140. Annex I shows the breakdown of 1998 programme expenditure in countries classified according to GNP and U5MR. The major portion of UNICEF resources continued to be made available to and spent in the 63 low-income countries with a per capita income of $785 or less. These countries, which have a total child population of 1.3 billion, or some 69 per cent of all children worldwide, received two thirds of UNICEF programme expenditure, or $515 million. There are 49 lower middle-income countries with a per capita GNP between $786 and $3,115 and a child population of 426 million, which is some 22 per cent of the world total. These countries received $154 million, or some 20 per cent of the total UNICEF programme expenditure. In both cases, these shares represent an increase of 1 per cent over 1997 figures. In the 14 upper middle-income countries, UNICEF programme expenditure in 1998 amounted to $38 million, or 5 per cent. The upper middle-income countries have a child population of some 166 million, which is 9 per cent of children worldwide.

V. Towards an effective performance management system

141. UNICEF is making progress towards establishment of the comprehensive performance management system envisaged in the MTP, building on the accomplishments of MEP and learning from the experiences of other multilateral and bilateral partners. Many of the necessary mechanisms and practices are already in place, but further efforts are required to bring them together into a comprehensive system. In 1998, action focused on making improvements in areas that are likely to have the greatest impact on the achievement of the MTP priorities. This chapter describes progress made in each of the main elements of the performance management system as defined in paragraph 145 of the MTP.

142. *Clear organizational priorities.* Since Executive Board approval, the MTP priorities have become a constant reference for UNICEF work, helping to focus action and direct limited resources. As reported in chapter III above, significant adjustments have already been made at the country level to align actions with the MTP programme priorities. At global and regional levels, the MTP was used as the overall framework for drafting OMPs that guide budget preparation for headquarters and regional offices.

143. *Objectives defined at each level to contribute to organizational priorities.* Divisions and offices framed the objectives of their OMPs and CPMPs for the 2000–2001 biennium in terms of their contribution to achievement of the MTP priorities. The review and revision of country programming guidelines got under way in 1998 in light of the MTP, with particular attention to the need to formulate clear objectives, define the respective accountabilities of UNICEF and its partners within the country programme, and link the operational level (inputs and outputs) to the desired result of the cooperation for women and children (long-term outcomes). In addition, new guidelines were issued on the overall programme priorities for 1998–2000; on CPMPs, mid-term reviews (MTRs) and annual reviews; and on specific programmatic issues such as combining immunization with vitamin A supplementation.

144. *Accountabilities for achievement of the objectives.* In 1998, responsibility for country programme and budget clearance was transferred from headquarters to regional offices. Regional Programme Budget Review Committees – in which a group of country representatives, regional advisers and staff representatives participate – reviewed and cleared 28 country programme recommendations and 13 country notes. This peer review process enhances experience exchange and sharing of expertise. The decentralization of oversight functions to the regional offices has contributed to strengthened accountabilities. The management teams set up at all levels helped to strengthen decision-making processes and accountability for programme and management performance, through, for example, the establishment and monitoring of performance standards.

145. *Measuring and reporting systematically.* With regard to programmes, efforts were made in 1998 to develop a three-tier system for quality assessment and assurance at country, regional and headquarters levels. At the same time,

several RMTs, including those of West and Central and Eastern and Southern Africa, took initiatives to collect and analyse programme management performance data using key indicators. Informed by these innovations, a concept paper was developed, a working group was created, and core indicators and implementation modalities were identified for testing an organization-wide programme quality assurance system in 1999.

146. Programme monitoring and evaluation were strengthened through the more systematic use of the Integrated Monitoring and Evaluation Plan, the implementation of regional evaluation strategies, and monitoring and evaluation training workshops in the Americas and Caribbean and East Asia and Pacific regions and India. Electronic networks and newsletters were developed for sharing experience and disseminating findings. To develop methodologies in priority areas linked to a human rights approach, a global workshop on the monitoring and evaluation of capacity-building was followed by a phase of ongoing development and testing of instruments in six pilot countries. Progress was also made in developing a framework and tools to monitor and evaluate implementation of community- and household-based strategies for IMCI. A global thematic evaluation of water and environmental sanitation programmes was initiated, starting with the India programme, and the review of implementation of the Bamako Initiative in eight countries was completed and used as input for an international meeting organized by the Government of Mali, WHO and UNICEF to review past experience and formulate future strategies.

147. The regional reports to the Board on 1998 MTRs and major evaluations of country programmes (E/ICEF/1998/P/L.1-E/ICEF/1998/P/L.7) covered a wide spectrum of sectional and cross-cutting activities, generating insights and lessons for improving performance, including in relation to the human rights approach to programming. The evaluation of universal salt iodization in South Asia was an example of a major regional evaluation.

148. In 1998, the Office of Internal Audit undertook programme audits in four countries — Bangladesh, Cambodia, Côte d'Ivoire and Egypt — providing an independent assessment of programme implementation, including an assessment of the risk that programme objectives would not be met, all of which contributed to MTRs. Meanwhile, control self-assessment methodologies are being used to better equip staff to identify risks and potential problem areas as a part of regular management practice.

149. Major advances were made in putting the new management systems in place (see paragraphs 117–119 above). PROMS and FLS will enable offices to systematically monitor progress in programmes and operations, and generate more accurate and timely data for analysis and decision-making. Further streamlining of coding to match MTP priorities will bring gains in efficiency and transparency.

150. In 1998, UNICEF strengthened review and reporting practices. Country office annual reports saw marked improvements in the analysis of trends, progress, difficulties and lessons learned. For the first time, regional offices and headquarters divisions prepared end-year reports on OMP implementation to assess their performance and make improvements. At the programme level, the 23 MTRs in 1998 reflect a trend of frankness and increased rigour owing to the greater use of evaluations and the closer linkage between programme and management performance. More systematic analysis of internal factors in performance is still needed.

151. *Periodic review and analysis of the reports on progress.* In-depth regional reviews of country annual reports provided the basis for a high-level headquarters review of global progress in implementing programme priorities. In addition, a peer review of progress reports on the first year of OMP implementation was part of a more open and transparent planning and budget process, which includes a staff forum at headquarters where all new OMPs are presented and discussed to avoid overlap, identify gaps and ensure consistency with MTP priorities. Monitoring and reporting on action taken following these reviews, as well as the related managerial and supervisory accountabilities, are being reinforced.

152. UNICEF also took action in 1998 to improve the human resources performance management system and link it more closely to organizational performance management, starting with a comprehensive review of the current system and an examination of outside experience. Future work will cover quality standards and indicators, rewarding performance and promoting learning.

153. *Decisions to improve and refocus activities.* Performance management must ultimately influence management actions and improve programme effectiveness. Thus, the outcomes of the above-mentioned reviews are helping to sharpen the global advocacy role and programme cooperation of UNICEF, as well as to improve resource utilization and overall performance. Examples of decisions taken include the clarification of accountabilities for PROMS, the more strategic focus in workplanning resulting

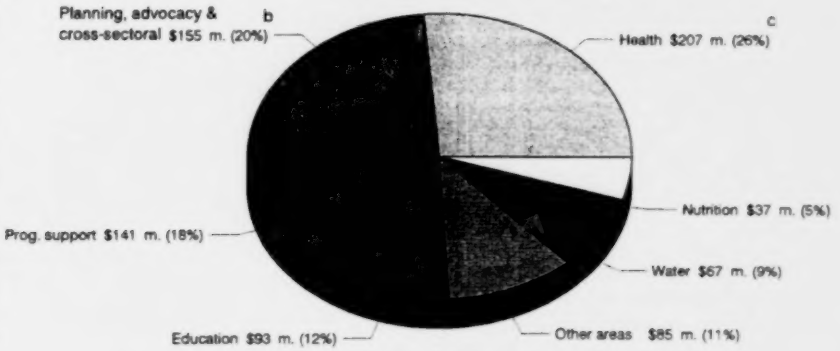
from the OMP review and resource allocation for the end-decade review, and the identification of topics for evaluation and indicator development at the review of programme priorities. Among the changes in country programmes arising from MTRs have been: expanding the focus on children in need of special protection; restructuring programmes to support cross-sectoral approaches; strengthening the focus on behavioural change and community empowerment; focusing more directly on reaching the most disadvantaged; and revising objectives for greater feasibility.

VI. Conclusion

154. The present annual report provides an overview of major achievements made and constraints encountered in the implementation of the MTP. It reflects the commitment to and the process of mobilization generated within UNICEF to use the MTP as the framework for its activities and as the reference against which progress should be assessed. It indicates that this approach is being translated into organizational planning and reporting mechanisms at the various locations, and is reorienting UNICEF staff into a new reporting system which focuses on results and promotes the linkage between planning, budget, programmes and reporting. Of course, this process will require adjustments and refinements. However, in a progressive and steady manner, the performance of the organization will be improved and results for children achieved and systematically recorded and reported.

155. The MTP, the strengthened operational capacity and the end-decade review process — leading to an agenda for children beyond 2000 — will be used strategically to enable UNICEF to play a major leadership role in the next decades and to engage others in the realization of children's rights. To make a real difference for children, UNICEF must, above all, be strategic. It must have and demonstrate technical expertise and technical leadership, in key, strategic areas and be recognized internationally, especially by the cooperating countries. It must demonstrate intellectual leadership, mobilize, and advocate for the promotion and protection of children's rights. It must be operationally credible and financially sound, with systems and staff which continue to develop and to apply the very best practices. These are the challenges UNICEF has set for itself to make a real difference for children in the new millennium.

Figure I
UNICEF programme expenditure by programme field, 1998[a]



Total expenditure: $784 million[d]

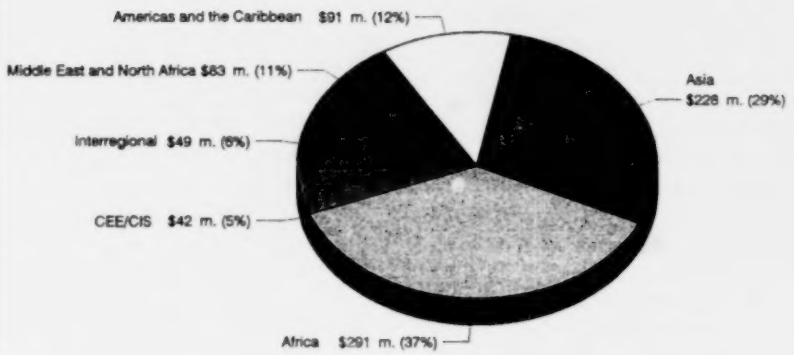
a Emergency expenditures are included in sectors where attributable.

b Includes planning, social mobilization, social statistics, advocacy, miscellaneous and recovery.

c Health, includes expenditures in EPI, $52 million; ORT, $2 million; and other health, $153M.

d Total programme expenditures include programme support cost amounting to $141 million.

Figure II
UNICEF programme expenditure by geographical region, 1998


Americas and the Caribbean $91 m. (12%)
Middle East and North Africa $83 m. (11%)
Asia
$228 m. (29%)
Interregional $49 m. (6%)
CEE/CIS $42 m. (5%)
Africa $291 m. (37%)

Total expenditure: $784 million[a]

a Includes programme support cost amounting to $141 million.

Annex I

Programme expenditure in 1998 for countries classified according to gross national product and under-five mortality rates

	Child population in 1997 (In millions)	Child population (Percentage of total)	Number c of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 1996 GNP						
Low income, Total	1,308	69%	63	515	66%	39
Low income, excluding India & China	*543*	*29%*	*61*	*441*	*56%*	*81*
Lower middle income	426	22%	49	154	20%	36
Upper middle income	166	9%	14	38	5%	23
Total for countries	1,900	100%	126	707	90%	37
Total for global and other regional funds				78	10%	
Grand Total	1,900	100%	126	784	100%	
Country grouping based 1996 U5MR						
Very high U5MR	272	14%	32	255	33%	94
High U5MR, Total	742	39%	34	250	32%	34
High U5MR, excluding India	*356*	*19%*	*33*	*199*	*25%*	*56*
Middle U5MR, Total	832	44%	45	172	22%	21
Middle U5MR, excluding China	*453*	*24%*	*44*	*149*	*19%*	*33*
Low U5MR	53	3%	15	30	4%	56 b
Total for countries	1,900	100%	126	707	90%	37
Total for global and other regional funds				78	10%	
Grand Total	1,900		126	784	100%	
(of which LDCs)	305	16%	47	333	42%	109

a Low income = GNP per capita of $785 and less.
Lower middle income = GNP per capita between $786 and $3,115.
Upper middle income = GNP per capita between $3,116 and $9,635.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c Pacific, Caribbean and CEE/CIS multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

Annex II

UNICEF response to reports of the Joint Inspection Unit

1. In 1998, UNICEF received a number of requests from the Joint Inspection Unit (JIU) for input to or comments on its reports. UNICEF extended its full cooperation to JIU as and when necessary in the preparation of individual reports.

2 The recommendations contained in various JIU reports, where appropriate, have been taken into account by UNICEF in its activities. The reports of relevance to UNICEF and the Executive Board are presented below.

JIU/REP/98/1. Fellowships in the United Nations System

3. The JIU report seeks to identify major management and coordination issues relating to the implementation of United Nations system fellowship programmes and the contribution of those programmes to capacity-building.

4. UNICEF was consulted during the report preparation process, and reported that it does not use the modality of fellowships as defined in the report.

JIU/REP/98/2. More Coherence for Enhanced Oversight in the United Nations System

5. UNICEF considers that the oversight function, both external and internal, is an important element to improve the quality of programmes and the effectiveness of their management. This JIU report deals with an issue of crucial importance for the United Nations system.

6. In its comments to the inspectors, UNICEF pointed out that while providing a thorough analysis of the internal oversight mechanisms, relatively little is said of the possibility for improved coordination of the external oversight mechanisms. That potential could be explored, especially in light of the improved coordination mechanisms put in place by the Administrative Committee on Coordination and its subsidiary machinery.

JIU/REP/98/3. Report of the Joint Inspection Unit on the United Nations University: Enhancing its Relevance and Effectiveness

7. UNICEF followed with interest the JIU preparation of this report. The scope of the report does not fall directly into the scope of action of UNICEF, and no comments were provided.

JIU/REP/98/5. United Nations Office for Project Services

8. This JIU report's main objective is to promote more effective cooperation and partnership between the United Nations Office for Programme Services (UNOPS) and other United Nations system organizations based on their respective comparative advantage with the rest of the United Nations system. To contribute to this goal, the inspectors examine UNOPS characteristics and type of services provided.

9. UNICEF welcomes the JIU assessment of a possible broader engagement of UNOPS with the United Nations system. Although in the past UNICEF has not had a great deal of involvement with UNOPS, UNICEF appreciates the potential of a "new" UNOPS to perform expertly in domains as distinct as human rights, demining, societies in conflict and post-conflict situations, and governance.

10. UNICEF, in its comments on the JIU report, urged for careful planning in the "comprehensive project management" assignments. UNICEF notes the JIU observation that "the right equilibrium between intended results and available resources has not yet been achieved". UNICEF also suggested further work on the operational complementarities of United Nations agencies in the fields new to UNOPS.